

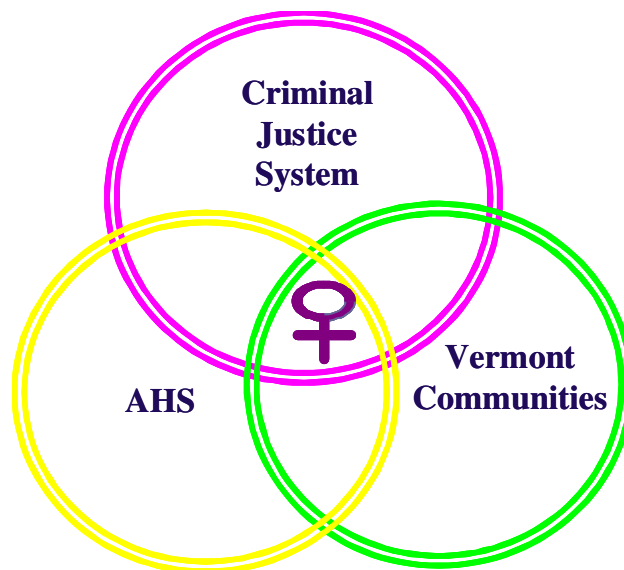
**Women & the Criminal Justice System
Preventing Incarceration & Promoting Successful Reentry
A Central Vermont Initiative**

**Drug Education, Treatment, Enforcement & Rehabilitation
(DETER)**

December 4, 2006

Agency of Human Services Outcomes

***Supporting People through Transition
Pregnant Women & Young Children Thrive
Children Live in Stable, Supported Families
Adults Lead Healthy & Productive Lives
Communities Provide Safety & Support for Families & Children***



Introduction:

Trauma and addiction are interrelated issues for women involved with the criminal justice system. According to the National Center for Substance Abuse Treatment (CSAT), nearly 80% of the women in jail in most state prison systems suffer from severe substance abuse issues. In central Vermont, between January and June 2006, nearly half of the women who returned to jail did so because of use or possession of illegal substances (VT DOC). 88% of the women in Vermont prisons report histories of severe physical and sexual abuse across their life spans (VT DOC).

Stephanie S. Covington, Ph.D., a leading researcher on gender specific programming, states that substance abuse, trauma and mental health are the three critical issues facing women in their effort to transition successfully back into their communities. These three issues have largely been treated separately in Vermont.

To increase the success rate for women being released, a key variable in the state's Incarcerated Women's Initiative, we seek to create a continuum of care that begins while women are serving their sentence in jail. We propose to move community-based programming for the assessment of women's substance abuse and trauma needs into jail and to assure that the treatment protocol is not interrupted when women leave jail.

Our commitment is to assure that our programming efforts reflect gender sensitivity. We're also committed to demonstrating our commitment to the Agency of Human Services Four Key Practices (strength-based, results oriented, holistic and quality customer service). We intend to measure our commitment to these values and beliefs.

Since beginning our Incarcerated Women's Initiative in 2005, we've experienced many successes:

- As part of a three district pilot, we implemented a "benefits enrollment" program designed to initiate the eligibility process for health care and economic services benefits for women while in prison – participants include Economic Services and Child Development Division (DCF), Vocational Rehabilitation and the Health Department
- Health Realization through Wellness on Wheels (CVCAC) and the Community Leadership Program for women while in jail
- Dept of Corrections awarded Central VT Community Action Council a transitional housing grant for 6 women. During the grant's first year, 1 woman graduated from the program and the 5 others are still involved, only two of whom returned to jail for short stays due to technical violations, but returned to the program to continue their reentry work
- Implementation of case management through WCMH for parenting and pregnant women with opiate addictions
- Participated in the development of the Washington County Drug Court

- Distribution of educational materials at critical points of contact that focuses on high risk women
- Development of a communications plan (focused on both men and women)
- Continued integration of existing re-entry efforts (Return House, Justice Center, IWI)
- Stabilization of the rate of women in prison from central Vermont – average daily rate = 7 from January 2004 thru June 2006
- Playing a leadership role in the early discussions to bring methadone treatment to central Vermont
- Training for staff at Dale on non-violent communication strategies
- Started a Central VT Women Evolving group through which the women, all under Corrections supervision, offer peer support, develop leadership skills and contribute to the overall well-being of the community

Not surprisingly, we've experienced challenges which require our continued attention. Learning from our challenges and building on our successes, we're prepared to work together to achieve the goals outlined in this proposal.

This proposal describes our intent to serve women more comprehensively and through a continuum of care that begins while they are serving their sentence. This proposal is not intended to create a treatment program in jail that will delay the woman's release in order to complete the treatment. We'll begin our assessment and treatment process close enough to the women's release date as possible, often within the last 30 days of her incarceration. We'll build on existing services and resources, such as case management through Washington County Mental Health, peer support through Women Evolving, our expanded Health and Economic Benefits Enrollment strategies at Dale, the leadership skills from local organizations such as Central VT Community Action Council and the Central VT Community Partnership.

We know there are many variables that affect a woman's release, the greatest challenge being finding and approving suitable housing. This proposal, because of the categorical nature of the funding, is not designed to address that gap, but should be viewed within the context of our larger IWI plan and other state and community efforts designed to address this and other significant challenges.

Women served as determined by the Women & Criminal Justice System Team:

1. All women from central Vermont serving a sentence at Dale or Windsor who are within 6 months of or are past their minimum release date
2. All women from central Vermont who have been released from Dale or Windsor within three months of an agreed upon "start" date for this project

State the team's goal in specific, measurable language:

1a. 100% of the women from central Vermont in Dale and Windsor will receive a comprehensive diagnostic evaluation.

1b. 100% of the women in jail who have received a substance abuse assessment and are determined to be in need of treatment will receive treatment while in jail and continuing with the same provider (Central Vermont Substance Abuse Services) when released.

2. 100% of the women released within three months of an agreed upon start date will have received a substance abuse assessment and are determined to be in need of treatment and have not yet already begun that treatment, will begin such treatment.

The team recognizes that the women who we believe will benefit from this project have the choice as to whether they participate or not. The team will pursue the practice of unconditional care, meaning that we'll anticipate reticence and rejection, but will pursue participation through non-coercive strategies.

List the strategies designed to achieve the goal focusing on how the DETER funds will be spent:

- Develop a contract with Central Vermont Substance Abuse Services (CVSAS) to deliver the assessments and treatment for the target population
- Assure that all requirements for confidentiality are addressed in advance of the project's initiation
- The Comprehensive Diagnostic Evaluation will include, but not limited to, the following assessment tools:
 - Substance Abuse Subtle Screening Inventory (SASI)
 - Brief Trauma Questionnaire
 - Physician Health Questionnaire (PHQ-9) (a depression inventory)
 - Bio-psychosocial evaluation
- Develop a protocol with Dale & Windsor staff regarding the accommodation of community-based staff from CVSAS to conduct the assessment and treatment in the facilities.
- The protocol should indicate how the Level of Service Inventory (LSI) may be helpful to assessment process
- Continuation of the delivery of "Health Realization" through Central Vermont Community Action Council (CVCAC)
- 6 months prior to reaching a woman's minimum, a re-entry team will be formed by the facility caseworker who'll be assigned to work with the team to develop a comprehensive, written re-entry plan (the actual timeframe for starting the re-entry planning process will be driven by individual

- circumstances, but must allow sufficient time for thorough planning) – team members will be determined by the individual needs the woman may have, but will include program and agency staff who provide services/supports – the service coordinator will assume team coordination responsibility once the woman leaves prison
- Probation & Parole will readjust assignment patterns to assure that women are assigned to one or two staff
 - Identification of a peer support person through Women Evolving (WE)

Evaluation & Outcome :

The core team for the local incarcerated women's initiative will assume responsibility for monitoring grant progress. We'll work with the integrated support team that was formed as a result of the statewide grant to develop a strong evaluative component. Based on the assessment of the data, the team will make any necessary adjustments to assure achievement of the goals.

Treatment outcomes

- % of participants who enter treatment
- Types of treatment received (assessment, individual, group)
- Time in treatment
- Participant use of mutual help support groups & mentor/sponsor

Recidivism outcomes

- Rate of recidivism at 6 and 12 month intervals
- Re-arrest rate
- Basis for return to jail (new arrest vs violations)

Community and Social outcomes

- Rate of employment
- Living in drug-free environments
- Educational achievement
- Rate of reunifications between women and children
- Engagement with communities
- Building positive relationships

We'll use an on-line evaluation tool, called *Journey Mapping*, to offer the women and providers an opportunity to track their "journey" through the project's timeline.

The team would like to discuss potential social reinvestment strategies with the Departments of Health and Corrections should we achieve positive outcomes and reducing the rate of recidivism.

FY '07 January 1, 2007 through June 30, 2007 – Budget Detail:

Clinical Work	3 days of a FTE based on the assumption that 70% of the clinician's time will be spent in the prison completing assessments and initiating community-based treatment and 30% will be spent outside the prison setting continuing community-based treatment at a cost of \$19,500
Service Coordination	\$12,875 to Central VT Community Action Council for service coordination for women
Peer Support	\$1,000 to Women Evolving to continue to support the Central VT Women Evolving Group
Health Realization	\$1,250 to Central VT Community Action Council
Journey Mapping	\$875 through Central Vermont Community Partnership for 7 months of licensing fees and maintenance/reporting
Flexible Funds	\$3,250 in the AHS Field Director account with Central VT Community Action Council

FY '07 Summary:

Clinical Work	\$19,500
Service Coordination	\$ 12,375
Peer Support	\$ 1,000
Health Realization	\$ 1,250
Journey Mapping	\$ 875
Flexible Funds	\$ 3,250
Total	\$38,250

FY '08 July 1, 2007 through June 30, 2008 – Budget Detail

Clinical Work	2 days of a FTE based on assumption that 40% of the clinician's time will be spent in the prison completing assessments and initiating community based treatment and 60% will be spent outside the prison continuing community-base treatment at a cost of \$26,000
Service Coordination	\$6,250 to Central VT Community Action Council for service coordination
Peer Support	\$1,000 to Women Evolving to continue to support the Central VT Women Evolving Group

Health Realization	\$1,250 to Central VT Community Action Council
Journey Mapping	\$1,500 through Central Vermont Community Partnership for 12 months of licensing fees and maintenance/reporting
Flexible Funds	\$2,250 in the AHS Field Director account with Central VT Community Action Center

FY '08 Summary:

Clinical Work	\$26,000
Service Coordination	\$ 6,250
Peer Support	\$ 1,000
Health Realization	\$ 1,250
Journey Mapping	\$ 1,500
Flexible Funds	\$ 2,250
 Total	 \$38,250